

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Chiropractic Care	Protocol #: PA P237.04 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: December 2000 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Medical Director: _____ Date: _____ Director, Medical Management: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Chiropractic Care. Chiropractic treatment should be aimed at treating acute injuries/reinjuries or exacerbations. The result of chiropractic manipulations is expected to be an achievable improvement with a clearly defined end point. Maintenance therapy is not considered to be medically necessary.

PROTOCOL:

- A. Coverage for MHP and MLTCP members is only for children up to age 21.
- B. Coverage for HS members:
 - 1. No prior authorization is required.
 - a. Twelve visits covered per year.
 - b. Limit of 2 x-rays per contract year.
 - 2. Member is responsible for all charges beyond covered benefit limitation.
- C. Coverage for MSSP members:
 - 1. No prior authorization required.
 - a. PCP referral required.
 - b. Limited to manual manipulation of the spine to correct subluxation.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.